## STATE OF MAINE BUREAU OF MOTOR VEHICLES

## Canadian Weight Limits Permit Application

Permit Information:	
(Please check one)	Renewal of Permit #
(Please check one) Permit Effective Date:	
Motor Carrier Information:	
Legal Name:	USDOT #:
	IRP Account #:
Legal Address:	IFTA Account#:
	Contact Name:
Mailing Address:	Telephone:
	Fax:
Vehicle Information:	
Registrant:	Estimated Number of Trips:
(If different from above) Registration Plate Number:	Jurisdiction:
Make:	Year:
Vehicle Identification Number:	
	de combination
	Weight must be 100,000 lbs. Fines for the violation of the gross weight limits permit are calculated from 100,000 lbs., and can be substantial.
Fee Calculation:	pormit are earedrated from 100,000 ibo., and can be substantial.
6 axle combination: 8 axle combination/B-train double Dual Permit: Transfer Fee: Fax fee: Total Fee Included:	\$10 per month/\$120 for one year maximum \$40 per month/\$480 for one year maximum \$40 per month/\$480 for one year maximum \$10 per permit \$3 per permit
Credit Card Number:	Exp Date
Card Holders Name:	
Card Holders Signature:	
USDOT# IRP#	For Office Use Only:
1 UODU 1# IKF#	III IM# UUR OMFELT INILO I